SECULO SE

UNITED STATES SECURITIES AND EXCHANGE COMMISSION

Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVA	AL.
OMB Number	3235-0076
Expires:	May 31, 2005
Estimated averag	e burden
hours per respons	se 16.00
SEC US	SE ONLY
Prefix	Serial
L L _	
DATE R	ECEIVED

750 150 1	1296677
Name of Offering () (check if this is an amendment and name has c	
Special Warrants exercisable into Common Shares and Warrants Common Sha	ares issuable upon exercise of Warrants
Filing Under (Check box(es) that apply): Rule 504 Rule	
Type of Filing: New Filing Amendment	
A. BASIC IDENTIFIC	CATION DATA
Enter the information requested about the issuer	
Name of Issuer	anged, and indicate change.)
Address of Executive Offices (Number and Street, City, St	State, Zip Code) Telephone Number (Including Area Code)
2101-885 West Georgia Street, Vancouver, British Columbia, Canada V6C 3E	
Address of Principal Business Operations (Number and Street, City, S	
(If different from Executive Offices)	
Brief Description of Business	ESSE
Gold mining and exploration.	09 2004
Gold mining and exploration.	OMSON 04037026
In	OMSON 04037025
Type of Business Organization	
☐ corporation ☐ limited partnership, already form ☐ business trust ☐ limited partnership, to be formed	
Month	
	4 0 4
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Post CN for Canada; FN for other CN for CN for Canada; FN for other CN for CN f	stal Service abbreviation for State:
GENERAL INSTRUCTIONS	
Federal:	
Who Must File: All issuers making an offering of securities in reliance on an e or 15 U.S.C. 77d(6).	exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq.
When To File: A notice must be filed no later than 15 days after the first sale of Securities and Exchange Commission (SEC) on the earlier of the date it is received address after the date on which it is due, on the date it was mailed by United St	eived by the SEC at the address given below or, if received at that
Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.	I.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one must be photocopies of the manually signed copy or bear typed or printed signal	
Information Required: A new filing must contain all information requested. A changes thereto, the information requested in Part C, and any material changes the Appendix need not be filed with the SEC.	
Filing Fee: There is no federal filing fee.	
State: This notice shall be used to indicate reliance on the Uniform Limited O have adopted ULOE and that have adopted this form. Issuers relying on ULOE state where sales are to be, or have been made. If a state requires the payment of proper amount shall accompany this form. This notice shall be filed in the appropriate constitutes a part of this notice and must be completed.	E must file a separate notice with the Securities Administrator in each of a fee as a precondition to the claim for the exemption, a fee in the
ATTENTI	ION
Failure to file notice in the appropriate states will not result in a los appropriate federal notice will not result in a loss of an available statisting of a federal notice.	tate exemption unless such exemption is predicated on the
Potential persons who are to respond to the collection of information conta to respond unless the form displays a currently valid OMB control number	-

Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Clark, Richard P. Business or Residence Address (Number and Street, City, State, Zip Code) 2101-885 West Georgia Street, Vancouver, British Columbia, Canada V6C 3E8 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or 図 Managing Partner Full Name (Last name first, if individual) Ashton, Ross E. Business or Residence Address (Number and Street, City, State, Zip Code) 2101-885 West Georgia Street, Vancouver, British Columbia, Canada V6C 3E8 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Lundin, Lukas H. Business or Residence Address (Number and Street, City, State, Zip Code) 2101-885 West Georgia Street, Vancouver, British Columbia, Canada V6C 3E8 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer □ Director General and/or Managing Partner Full Name (Last name first, if individual) Hunt, Michael N. Business or Residence Address (Number and Street, City, State, Zip Code) 2101-885 West Georgia Street, Vancouver, British Columbia, Canada V6C 3E8 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Michael, Harry N. Business or Residence Address (Number and Street, City, State, Zip Code) 2101-885 West Georgia Street, Vancouver, British Columbia, Canada V6C 3E8 Check Box(es) that Apply: Promoter ☐ Beneficial Owner Executive Officer Director General and/or ☒ Managing Partner Full Name (Last name first, if individual) Jackson, L. Simon Business or Residence Address (Number and Street, City, State, Zip Code) 2101-885 West Georgia Street, Vancouver, British Columbia, Canada V6C 3E8 Executive Officer Check Box(es) that Apply: Promoter ☐ Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Love, Kathy Business or Residence Address (Number and Street, City, State, Zip Code) 2101-885 West Georgia Street, Vancouver, British Columbia, Canada V6C 3E8 (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA

Enter the information requested for the following:

Each promoter of the issuer, if the issuer has been organized within the past five years;

Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. ☐ Executive Officer Director General and/or Check Box(es) that Apply: Promoter Beneficial Owner Managing Partner Full Name (Last name first, if individual) Macquarie Bank Limited Business or Residence Address (Number and Street, City, State, Zip Code) G.P.O. Box 4294, Sydney, N5W 1164 Australia Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Director Executive Officer General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner ☐ Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer ☐ Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) General and/or Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) (Use blank sheet, or copy and use additional copies of this sheet, as necessary)

A. BASIC IDENTIFICATION DATA

1.	Has tl	he issue	er sol	d, or d	loes t	he issu	er in	tend to	sell,	to non	-accr	edited:	investors in	n this	offeri	ng?						res	No
					Α	nswer	also	in App	endi	x, Colu	mn 2	, if fili	ng under U	LOE	E								
2.	What	is the	ninin	num ir	rvesti	ment th	at w	ill be a	ccep	ted froi	n an	y indivi	idual?	•••••			••••••		••••••		. \$		N/A
3.	Does	the off	ering	nermi	it inir	nt owns	rshi	n of a s	inole	unit?												Yes	No
4.	Enter simila an ass broke	the inf ir remu sociated	orma nerat i pers aler.	tion re tion for son or If mor	eques r soli agen re tha	ted for citation t of a b in five	each of proke (5) p	person purchas r or des ersons	n who sers in aler r	o has be n conne egister	een cection	or will to n with s ith the S	ne paid or g sales of sec SEC and/or ed persons	given uriti r wit	, directes in the	ily or e off e or	indired ering. states, l	ctly, If a p ist th	any con person in te name	mmis to be e of t	ssion or listed i he		ш
Full Nar	ne (L	ast nam	e firs	st, if in	divid	lual)																	
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Busines	s or R	esiden	ce Ad	ldress	(Nun	nber an	d St	reet, Ci	ty, S	tate, Zi	р Со	de)											
																	 						
Name of	Asso	ociated	Brok	er or I	Deale	r																	
States in	Whi	ch Pers	on L	isted F	las S	olicited	or I	ntends	to Sc	olicit P	urcha	sers							· · · · · · · · · · · · · · · · · · ·	·			
(Check	'All S	States"	or ch	eck in	divid	ual Sta	tes).			•••••				•••••				•••••				All	States
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Name of	Asso	ociated	Brok	er or I	Deale	r																	
States in	Whi	ch Pers	on L	isted I	las S	olicited	or I	ntends	to Sc	olicit Pr	urcha	sers					···						
(Check '	'All S	States"	or ch	eck in	divid	ual Sta	tes).	•••••					•••••				•••••••					All	States
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☐ [MT]		[NE]		[NV]		[NH]		[NJ]		[NM]		[NY]	[NC]		[ND]		[OH]		[OK]		[OR]		[PA]
□ [RI]		[SC]		[SD]		[TN]		[TX]		[UT]		[VT]	□ [VA]		[WA]		[wv]		[WI]		[WY]		[PR]

1.	Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.				
	Type of Security	Aggre Offering		A	Amount Iready Sold
	Debt:	\$		\$_	
	Equity: (Special warrants exercisable into one common share and one warrant)	\$3,	504,000	\$	3,504,000
	Convertible Securities (including warrants): (Common Shares issuable upon exercise of Warrants)	\$3,	942,000	\$_	0
	Partnership Interests:	\$		\$	
	Other (Specify:)	\$			
	Total:		446,000		
	Answer also in Appendix, Column 3, if filing under ULOE.				
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	Num Inves		Do	Aggregate Illar Amount f Purchases
	Accredited Investors:			\$_	3,504,000
	Non-Accredited Investors:			\$ '	····
	Total (for filings under Rule 504 only):			\$	
	Answer also in Appendix, Column 4, if filing under ULOE.				
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1.	Type	4	Do	ıllar Amount
	Type of Offering:	Secu		20	Sold
	Rule 505:			\$_	
	Regulation A:	<u> </u>		\$_	·
	Rule 504:			\$_	
	Total:			\$_	
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.				
	Transfer Agent's Fees:		\boxtimes	\$_	2,803
	Printing and Engraving Costs:			\$	
	Legal Fees:		\boxtimes	\$	24,528
	Accounting Fees:		\boxtimes	\$	4,205
	Engineering Fees:		\boxtimes	\$_	1,402
	Sales Commissions (specify finders' fees separately)		\boxtimes	\$	210,240
	Other Expenses (identify): (Listing Fee)		\boxtimes	\$_	4,776
	Total:		⊠	s –	247.954

	b. Enter the difference between the aggrega Question I and total expenses furnished difference is the "adjusted gross proceeds	•••		\$		7,198,046	
5.	used for each of the purposes shown. If the a estimate and check the box to the left of the e	oss proceeds to the issuer used or proposed to be amount for any purpose is not known, furnish an estimate. The total of the payments listed must er set forth in response to Part C – Question 4.b					
				Payment to Officers, Directors, & Affiliates			yments to Others
	Salaries and fees			\$		\$_	
	Purchase of real estate			\$		\$_	
	Purchase, rental or leasing and installation of	machinery and equipment		\$		\$_	
	Construction or leasing of plant buildings and	d facilities		\$		\$_	
	Acquisition of other businesses (including the that may be used in exchange for the assets o						
	•	r securities of another issuer pursuant to a		\$		\$_	
	Repayment of indebtedness		\$	\boxtimes	\$	161,184	
	Working capital		\$	\boxtimes	\$ _	4,654,142	
	Other (specify): Preliminary mine develop	oment and exploration		\$	\boxtimes	\$ _	2,382,720
				and the second			
				\$		\$_	
				\$	\boxtimes	\$_	7,198,046
	Total Payments Listed (column totals added)			⊠ \$	7,198,04	<u>6</u>	
		D. FEDERAL SIGNATURE		a de la companya de			
sig	nature constitutes an undertaking by the issuer	by the undersigned duly authorized person. If to furnish to the U.S. Securities and Exchange Coredited investor pursuant to paragraph (b)(2) of the control	ommi	ission, upon writter			
1:	ssuer (Print or Type)	Signature		Date			
R	Red Back Mining Inc.	18		June <u>15</u> , 2004			
N	Name of Signer (Print or Type)	Title of Signer (Print or Type)					
R	Richard P. Clark	President and Chief Executive Officer					
No	te: All dollar amounts are shown as \$U.S. doll	ars based on a current exchange ratio of Canadia	n to U	J.S. dollars.			
No	te: The expenses listed in Part C, Question 4(a the percentage of the offering sold in the U) and the adjusted gross proceeds listed in Part C J.S.	, Que	estion 5 reflect a pro	o rata all	ocati	on based on
		•					
		ATTENTION		 			
	Intentional misstatements or	omissions of fact constitute federal criminal vi	olati	ons. (See 18 U.S.C	C. 1001.)		

			Ŋ	l'es	No				
1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such rule?									
	See Appendix	, Column 5, for state response.							
2.			a notice o	n					
3.	The undersigned issuer hereby undertakes to furnish to issuer to offerees.	the state administrators, upon written request, information furni	ished by th	e					
See Appendix, Column 5, for state response. 2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law. 3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees. 4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied. The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person. Issuer (Print or Type) Signature Date June 15, 2004									
		nts to be true and has duly caused this notice to be signed on its b	pehalf by the	ne under	signed				
I	ssuer (Print or Type)	Signature	Date						
R	ted Back Mining Inc.		June <u>/</u>	<u>5</u> , 2004					
N	Jame (Print or Type)	Title (Print or Type)							
R	Lichard P. Clark	President and Chief Executive Officer							

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

1	2		2 3							5					
1				i				Dis	quali	ficati	on				
1	Intend	to sell	Type of security					Unde							
1		ccredited	and aggregate offering price		Trimo of	Finusatan and		(11	yes,	attac	₽ P				
1		s in State	offered in state		Type of	f investor and		EX.	piana ivor o	tion (-4\ >1				
		Item 1)	(Part C-Item 1)		amount pu	rchased in State C-Item 2)		/Po	rante Item	1)					
	(Tatt)	Tiem 1)	Units; Common	Number of	(1 410	Number of Non-	T	(1-0	1111	110111	*7				
			Shares issuable upon	Accredited		Accredited	[1							
State	Yes	No	exercise of Warrants	Investors	Amount	Investors	Amount	Ye	s	N	lo l				
						 									
AL															
AK															
AZ															
AR				!											
CA		Х	620,500	1	292,000	0	\$0								
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1		2	3		ENDIX	4		<u> </u>		5		
1	Intend To non-a investors	to sell accredited s in State	Type of security and aggregate offering price offered in state		Type of investor and amount purchased in State						on OE h of d)	
	(Part B	-Item 1)	(Part C-Item 1) Units; Common	Number of	(Part	C-Item 2) Number of Non-		(Part E		Item	1)	
	İ			Shares issuable upon	Accredited		Accredited		l			
State	Yes	No	exercise of Warrants	Investors	Amount	Investors	Amount	Y	es	N	o	
MT												
NE												
NV												
NH									_			
NJ												
NM									-			
NY												
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